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LEICESTERSHIRE COUNTY COUNCIL



# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF  
HEALTH FOR THE  
YEAR 1942

J. A. FAIRER, M.D., D.P.H., COUNTY MEDICAL OFFICER



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County Health Department,

17 Friar Lane,

Leicester,

October, 1943.

Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present to you my annual report on the health of Leicestershire 1942.

The year has been an exceptional one and it is indeed paradoxical that in a war characterised by the strictest food rationing, with almost every able-bodied man and woman working to the limit of capacity, and with a large proportion of the young and healthy men and women serving in the forces, the vital statistics of the remaining civilian population should be so consistently satisfactory.

Leicestershire's death rate of 10.37 is, with one exception, the lowest ever recorded in the county, and the birth rate of 17.3 is the highest since 1928. The infant mortality rate of 47 deaths per thousand live births also shows an improvement. The corresponding death rate of 16.5; birth rate 15.8; and infant mortality rate of 49, for the whole of England and Wales show how favourable the Leicestershire rates must compare with other areas.

A slight increase in illegitimacy has been noted and the rate for Leicestershire is now 44 per thousand live births as compared with 41 last year. Dr. P. Stocks of the General Register Office has recently shown that an increase in the illegitimacy rate need not necessarily or entirely be the corollary of an increase in extra-marital conceptions. The absence abroad, in the forces, of the male partner may well have prevented a proportion of marriages which would otherwise have taken place between the dates of conception and birth of the child.

With only three minor exceptions, every notifiable infectious disease shows a decrease in incidence as compared with the previous year. A high proportion of the children in most areas of the county have now been immunised against diphtheria, and the numbers of cases of this disease are showing a decline, although the number of deaths in non-immunised children has usually shown a slight increase. At the time of writing this report there is every indication of a very drastic fall in the number of diphtheria cases during the year 1943.

The increase in incidence of venereal diseases in Leicestershire is a relatively small one compared with some parts of the country. Dr. C. Hamilton Wilkie, the director of the venereal diseases scheme, has always held that the education of the public on the dangers which may result from venereal diseases must hold an important place in any scheme. Public lectures do not always attract the right class of people, but excellent results are now being obtained in the county by arranging lectures to organised groups of the community such as factory workers, fire units, the civil defence services, units of the land army and social organisations. In view of the importance of propaganda I am including, at the end of this report, the text of a lecture delivered by Dr. Wilkie at the London conference on "Health Education and Venereal Disease."

Dr. A. A. Lisney devotes a considerable portion of his time to the work of civil defence, and has also recently been conducting an investigation into the incidence of epidemic jaundice; I hope to insert his findings in my next annual report.

Attention is called to the reports on the work of the emergency maternity units and the day-time nursery service, showing the extent of the additional strain which has been placed on the depleted medical and clerical staff. To Mr. W. W. Baum I am indebted for valuable help and reference to the former, and to Dr. A. E. Martin with reference to the latter. Dr. Martin has also compiled this annual report and I much appreciate his willing co-operation and assistance.

Where so many have helped me it is difficult to express my gratitude, but I do most sincerely thank all my medical confreres and office staff for their ready help and happy team spirit. It is this spirit which has been such a valuable asset during the last few years and which has enabled me to carry out the arduous duties that have fallen on the department as a whole.

Finally I should like to thank the chairman for his energetic and unfailing interest in all branches of the health service, and the members of the committee who have always given me their helpful and kindly consideration.

I have the honour to be,

Your obedient servant,

J. A. FAIRER,  
County Medical Officer of Health.

## REPORT.

## GENERAL STATISTICAL SUMMARY FOR THE COUNTY.

Area in acres .....	Urban	56,860	}		
	Rural	458,548			515,4
Population (Census 1931) .....	Urban	133,227	}		
	Rural	150,690			283,9
Population, Registrar-General's estimates of resident population, 1942 :					
	Urban	150,100	}		
	Rural	168,000			318,1
Reduced rateable value .....					£1,559,6
Sum represented by a penny rate .....					£6,0

## Vital Statistics.

## BIRTHS.

Live Births	Male	Female	Total
Legitimate .....	2,714	2,554	5,268
Illegitimate .....	115	125	240
Total live births .....	2,829	2,679	5,508
Birth rate per 1,000 population :	17.31		
Stillbirths : 182			
Stillbirths, rate per 1,000 total births	32.0		

## DEATHS.

Total civilian deaths .....	3,299
Crude death rate .....	10.37

## Deaths from puerperal causes :

Sepsis 3. Other causes 10. Total 13.

## Deaths of infants under one year of age per 1,000 live births :

Legitimate 45.9. Illegitimate 62.5.

Total rate per 1,000 live births : 46.7

Deaths from diphtheria (all ages) .....	
" " " (under 5 years) .....	
" " " (over 5 and under 15 years) .....	
" " measles (all ages) .....	
" " whooping cough (all ages) .....	
" " diarrhoea (under 2 years) .....	
" " pulmonary tuberculosis (all ages) .....	
" " non-pulmonary tuberculosis (all ages) .....	
" " cancer (all ages) .....	

## VITAL STATISTICS DURING WAR-TIME.

Rules adopted by the Registrar-General for the recording of vital statistics during war-time were brought into operation on October 1st, 1939, and were summarised on page 6 of my annual Report for 1940.

Statistics for non-civilians are excluded from the calculation of local populations and birth and death rates, and it should be noted that the Registrar-General's definition of non-civilians is now as follows :—"Men serving in H.M. Navy, Army or Air Force and women serving in the following branches thereof :—Royal Navy : (a) Women's Royal Naval Service ; (b) Queen Alexandra's Royal Naval Nursing Service and Reserve. Army : (a) R.A.M.C. with relative rank as officers ; (b) Queen Alexandra's Imperial Nursing Service and Reserve ; Territorial Army Nursing Service and Reserve ; (d) Auxiliary Territorial Service. Royal Air Force : (a) Medical Branch of the R.A.F. with relative rank as officers ; (b) Princess Mary's R.A.F. Nursing Service and Reserve ; (c) Women's Auxiliary Air Force."

Two separate series of birth statistics have been maintained by the General Register Office since October 1st, 1939. As from January 1st, 1942, the second of these series has been continued and the registration of all births is now referred to the area of the mother's usual residence. The figures thus obtained are to be used for calculation of both birth rates and infant and maternal mortality rates. In view of the greater stability of the population of the county during 1942 it would not appear that either the infant or maternal mortality rates will be notably affected by this reversion to pre-war practice.



## BIRTHS.

The county birth rate for 1942 was 17.3 as compared with 14.6 for 1941, and is the highest rate for Leicestershire since 1928. A similar rise, although not of the same magnitude occurred throughout the whole country, a rate of 15.8 for England and Wales compared with 14.2 in the year 1941.

The total number of live births was 5,508 and of these 2,829 were males and 2,679 females, a ratio of 105.6 male to 100 female births. The following table shows the numbers of births and the birth rates during recent years :—

## Births.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1938	2242	15.8	2391	14.9	4633	15.3	15.1
1939	2253	15.7	2348	14.5	4601	15.0	15.0
1940	2275	15.4	2449	14.9	4724	15.1	14.6
1941	2349	15.1	2453	14.2	4802	14.6	14.2
1942	2718	18.1	2790	16.6	5508	17.3	15.8

An increase in illegitimacy is to be expected in war-time, and this has again proved true. Of a total of 5,508 live births there were 240 illegitimate births as compared with 198 out of 5,240 during 1941. This produces an increase in the rate from 41 to 44 per thousand live births.

## INFANT MORTALITY.

The infant mortality rate for 1942 was 46.7. It is pleasing to note that the infant deaths which had previously been increasing in number each year since the commencement of war, now show a slight fall.

## Infant Mortality.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1938	109	49	95	40	204	44	53
1939	115	51	97	41	212	46	50
1940	112	42	127	50	239	46	55
1941	159	59	106	41	265	50	59
1942	146	54	111	40	257	47	49

## DEATHS.

During 1942 the crude death rate for the county was 10.37 and for the second year in succession shows a fall when compared with the preceding year.

The variety and magnitude of local population movements and the uneven incidence of civilian war deaths has again made it necessary for the General Register Office to suspend the publication of areal comparability factors. Corrected death rates for the county districts are, therefore, not available.

## Deaths.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1938	1507	10.60	1664	10.37	3171	10.48	11.6
1939	1560	10.74	1788	10.96	3348	10.85	12.1
1940	1809	12.21	2072	12.65	3881	12.44	14.3
1941	1795	11.54	1847	10.68	3642	10.99	12.9
1942	1569	10.45	1730	10.30	3299	10.37	11.6

With the one exception of 1934 when a crude death-rate of 9.92 was recorded, the rate 10.37 is the lowest ever experienced in the county. This is particularly remarkable considering the exclusion of the large proportion of young and healthy adults serving in the forces. The figure of 10.37 actually refers to a population more heavily weighted than ever before both by the older age groups, and by the less healthy individuals who now constitute a larger proportion of the young civilian adult age groups. Were it possible to quote a corrected or standardized death rate for the county the decline would be considerably more apparent.

A similar low death rate for 1942 has been observed for the whole of England and Wales, though evidently the decline has not been so marked as in the case of Leicestershire. While the crude death-rate of 11.6 for England and Wales has only been equalled on one occasion, the corresponding standardized rates of 6.80 for females and 9.54 for males are the lowest recorded, and it must be remembered that standardisation does not make any correction for the excess of less healthy individuals in the young adult age groups, which has been produced by selective recruitment.

In view of the importance of this war-time decline in the death rate, reference must be made to a possible explanation put forward by Dr. Stocks, Medical Statistician to the General Register Office (*Lancet* 1943, i, 672). By comparing the deaths of 1938 and 1939 with those of 1942 he notes that the bulk of the improvement has occurred either in those diseases directly affected by treatment with the sulphonamide group of drugs or else in those diseases commonly fatal from the infected complications likely to have been treated by those drugs.

Repeated references have been made in my previous reports to the great reduction in the mortality of certain diseases which has been brought about by the sulphonamide group. The subsequent events confirm the association between the present low death rate and the use of these drugs, then the lowering of the death rate will constitute one of the most dramatic illustrations of the importance of the discovery of the sulphonamide group.

#### COUNTY LABORATORY.

The following is a summary of examinations carried out during the year :—

Swabs for diphtheria .....	4,9
Bacteriological milk examinations .....	1,9
Sputa for tubercle bacilli .....	1,0
Sewage and water analyses .....	2
Urine, general and bacteriological .....	1
Urine for tubercle bacilli .....	1
Wassermann tests .....	1
Widal tests for typhoid and undulant fevers .....	
Blood counts .....	
Films for gonococci .....	
Miscellaneous .....	2
Total examinations .....	8,9

#### Milk Examinations.

A total of 1,900 samples of milk were examined with results as follows :—

Class of Milk	Satisfactory	Not satisfactory	Percentage satisfactory	Pasteurized	Total
Accredited producers .....	614	340	64.3	—	954
Prospective accredited producers .....	37	5	88.0	—	42
Urban & Rural Districts .....	486	168	74.3	35	689
Tuberculin tested producers .....	35	17	67.3	—	52
Prospective T.T. producers .....	6	4	60.0	—	10
Schools .....	53	31	63.0	16	100
Miscellaneous .....	34	19	64.1	—	53
Totals .....	1,265	584	66.6	51	1,900



The percentages found unsatisfactory should not be regarded as representative for the county as it is the custom for samples to be taken more frequently from farms producing milk of doubtful quality.

The samples received from urban and rural districts were usually examined on the day of production and the high percentage found satisfactory is not, therefore, strictly comparable with the results from samples examined in accordance with the Milk (Special Designations) Regulations.

#### *Diphtheria.*

Of a total of 4,978 swabs examined for diphtheria, 312 were positive. General practitioners submitted 1,971 swabs, isolation hospitals 2,199 and the Saturday Hospital Society 808.

#### *Tuberculosis.*

1,010 specimens of sputum were examined, 128 of which were positive; and 160 samples of urine, 4 of which were positive.

## MATERNITY AND CHILD WELFARE.

### ANTE-NATAL SERVICES.

#### *Ante-natal Examinations by General Practitioners.*

During the year the total number of expectant mothers referred by midwives to general practitioners under the county council's scheme was 678, and of these 325 had two medical examinations, 142 one examination, and in the remaining 211 no claim was received from the doctor.

#### *Ante-natal Clinics.*

The attendances at the four ante-natal clinics were as follows :—

	Coalville	Hinckley	South Wigston	Wigston Magna	Total
No. of sessions .....	52	74	23	25	174
No. of expectant mothers who attended during the year .....	290	346	99	106	841
Total number of attendances .....	966	1,333	278	329	2,906
Average attendance per meeting .....	18.6	18.0	12.1	13.1	16.7

#### *Dental Treatment for Expectant and Nursing Mothers.*

During the year 31 patients were given dental treatment under the county scheme.

## MIDWIFERY AND MATERNITY SERVICES.

#### *Number of Midwives Practising.*

The number of midwives notifying their intention to practise was 238 as compared with 47 in the previous year; 29 midwives left the county during the year, 1 died and 2 ceased to practise. All these 238 midwives held the certificate of the Central Midwives Board. The shortage of trained midwives, both in institutional and in domiciliary practice, is now becoming more acute as in addition to the diminishing number of midwives in practice the total number of births in the county shows an increase as compared with the previous year.

#### *Inspection of Midwives.*

The inspectors made 492 visits during the year. In no case was it necessary to report any breach of the rules either to the local supervising authority or to the Central Midwives Board.

#### *Number of Cases attended by Midwives.*

A total of 5,804 cases were attended during the year. Of this number 3,913 were taken by the midwife alone and in the remaining 1,891 cases both doctor and midwife were in attendance.

*Notifications received from Midwives.*

The following returns were received from the county midwives during the year :—

Medical help records	865
Notice of liability to be a source of infection	60
"Laying out of the dead" records	72
Notice of death of mother or child—Child	20
Mother	Nil
Still-birth records	59
Notice re artificial feeding	79

*Medical Help Requests.*

The proportion of requests for medical aid to the number of midwifery cases attended was 22.1 per cent.

The chief causes of requesting medical help for the mother were :—Ruptured perineum 264 difficult labour 114, malpresentation 34, miscarriage 34, raised temperature 53, albuminuria 14 post-partum hæmorrhage 19, adherent placenta 20, ante-partum hæmorrhage 24, abortion 17 poor general condition of mother 50.

The chief causes of requesting help for the child were :—Discharge from the eyes 83 feebleness 36, abnormalities 37, rashes 8, prematurity 20, phimosi 4.

During the year 511 claims from doctors, whose help was requested by midwives, were passed for payment.

**COUNTY MIDWIFERY SERVICE.**

The service has continued to be administered through the Leicestershire County Nursing Association.

The following table summarises the work done by the county council whole-time midwives

**Analysis of Work done by County Council Whole-time Midwives.**

District	No. of Mid-wives	Cases Booked		Cases Completed		Cases Cancelled	Visits Paid	
		Mid-wifery	Maternity	Mid-wifery	Maternity		Ante-Natal	During Puer-perium
Hinckley .....	3	269	28	261	35	14	989	5,381
Coalville .....	5	245	133	239	98	22	1,826	6,448
Melton .....								
Mowbray .....	2	86	87	85	80	12	825	3,102
Donisthorpe .....	1	38	7	43	8	2	236	836
Total .....	11	638	255	628	221	50	3,876	15,767

*District Nursing Associations.*

During the year 90 district nurse-midwives employed by 76 district nursing associations have taken 1,255 midwifery and 840 maternity cases, in addition to undertaking general district nursing.

**MATERNAL CARE.***Maternal Mortality.*

The total number of deaths classified under the head of maternal mortality was 13 ; of these 3 were due to sepsis, and 10 to other causes.

The maternal mortality rate per thousand births was 2.28.

*Provision of Consultants.*

During the year consultants were called under the county scheme to 5 complicated cases. In addition 16 cases were referred for a consultant's opinion from the Hinckley Ante-natal Clinic.

*Birth Control.*

In 42 cases where it was considered that child-bearing would be dangerous to the health or life of the mother, medical certificates were granted enabling the patient to obtain advice at the Leicester City Birth Control Clinic.

**INFANT WELFARE CENTRES.**

During the year 1,009 meetings were held at the various centres, a decrease of 7 on last year.

The centres have proved of great value during recent months. Nutrition is the subject on which advice is most frequently needed, and in addition to the permanent population, many evacuees, often in poor health, are finding the facilities of great benefit.

## Statistics.

Number of mothers and children on the register :—		Year 1942	Year 1941
Mothers	.....	4,775	4,502
Infants under one year	.....	3,407	3,065
Toddlers	.....	2,620	2,800
Total attendances :—			
Mothers	.....	42,863	36,802
Infants under one year	.....	27,753	23,925
Toddlers	.....	19,985	18,306
First attendances :—			
Mothers	.....	2,408	2,382
Infants under one year	.....	2,262	2,075
Toddlers	.....	419	621
Total number of weighings by health visitors		44,065	40,947
Number of children examined by the medical officers :—			
First examinations	.....	2,407	2,317
Total examinations made	.....	5,336	5,688

The principal defects observed by the medical officers were :—skin conditions 261, umbilical hernia 174, phimosis 135, bronchitis 88, gastric disorders 86, diarrhoea 85, external eye conditions 79, congenital deformity 56, strabismus 47, rickets 28, threadworms 24, enlarged tonsils and/or adenoids 20, enlarged glands 15.

Table of Attendances at Infant Welfare Centres.

Centre	Average Attendances Year 1942		Average Attendances Year 1941	
	Mothers	Children	Mothers	Children
Anstey	32.0	39.1	30.1	36.2
Asfordby	35.2	44.8	32.3	41.5
Ashby-de-la-Zouch	63.9	72.3	62.3	61.1
Barrow-on-Soar	21.5	26.1	17.2	21.0
Barwell	34.2	38.2	27.3	29.0
Birstall	42.1	42.9	28.5	28.6
Blaby	39.7	47.8	31.4	36.1
Braunstone (County)	84.2	90.6	80.4	85.1
Coalville	47.6	54.4	46.3	48.1
Cosby	18.0	20.6	16.4	20.1
Desford	52.5	55.6	39.7	46.2
Earl Shilton	53.4	59.7	34.6	38.9
Enderby	22.8	28.8	18.0	22.2
Glenfield	39.2	42.5	31.7	36.3
Hinckley	96.9	104.0	63.1	70.7
Hugglescote	28.3	29.5	27.5	30.3
Ibstock	34.8	38.1	29.7	31.0
Kegworth	32.1	33.2	21.2	21.5
Kibworth	18.7	23.9	21.5	29.3
Lutterworth	42.4	44.9	31.0	34.3
Melton Mowbray	61.6	80.0	57.7	64.9
Mountsorrel	44.2	59.5	31.2	36.9
Narborough	26.0	29.4	27.2	31.7
Oadby	39.0	39.6	37.2	38.8
Quorn	31.3	34.3	29.9	35.2
Rearsby	19.8	22.8	12.9	16.5
Rothley	31.8	36.1	28.6	34.1
Shepshed	39.1	37.0	40.6	44.1
Sileby	49.0	51.6	33.0	37.3
South Wigston	54.9	59.3	55.0	64.9
Syston	44.1	49.8	34.9	43.7
Thurmaston	25.1	27.5	24.6	27.1
Whetstone	20.2	25.3	19.2	21.1
Whitwick	28.0	29.0	28.2	32.9
Wigston Magna	55.4	61.5	48.9	58.1
Wigston (Central)	22.0	23.9	28.2	35.5

## CHILD LIFE PROTECTION.

The following is a summary of the changes in the register of foster-children during 1942 :—

No. of cases on register on 31st December, 1941	59
„ of new cases	15
„ returned to parents	7
„ adopted	4
„ attained nine years of age	8
„ left county	4
„ transferred to new foster-parents	3
„ died	—
„ of cases on register on 31st December, 1942	48

## NURSING HOMES.

During 1942, no new applications were received for registration, and two homes were discontinued. On 31st December, 1942, there were 1 nursing home, 6 maternity homes and 4 combined nursing and maternity homes on the register.

## HEALTH VISITORS.

The following is a summary of the work of the health visitors. Duties in connection with the school medical department are not included.

## Children under 12 months :—

First visits	4,741
Subsequent and special visits	25,843
Children 1-5 years	43,263
Total	73,847

## Tuberculosis :—

First visits	419
Subsequent and special visits	4,134
Total	4,553

Attendances at infant welfare centres	1,034
„ at ante-natal clinics	212
Lectures at infant welfare centres	—
Attendances at tuberculosis dispensaries	333
„ at orthopaedic clinics	181
Pre-natal visits	1,250
Other visits : re Stillbirths	171
„ Child-life protection	145
„ Boarded-out children	127
„ Ophthalmia neonatorum	5
„ Puerperal pyrexia	9
„ Nursing homes	17
„ Practising midwives	346
Special visits	140
War-time day nurseries	36

## VACCINATION.

The districts of the public vaccinators in the county number 30, and those of the vaccination officers 14.

The following is a summary of the vaccination officers' returns which are rendered to the Registrar-General respecting the vaccination of children whose births were registered between January 1st and December 31st, 1941 :—



(1) No. of births entered in birth lists as registered during 1941 .....	5,212
(2) Statement relating to the births on 31st January, 1943 :—	
(a) No. successfully vaccinated .....	601
(b) No. insusceptible of vaccination .....	7
(c) No. had smallpox .....	Nil
(d) No. of statutory declarations received .....	3,998
(e) No. died unvaccinated .....	172
(f) No. temporarily unaccounted for .....	341
(g) No. otherwise accounted for .....	93
(3) No. of cases of children successfully vaccinated after statutory declaration had been received (included in sub-heading d) .....	10
(4) Total number of certificates of successful primary vaccination of children under 14 years of age received during the year 1942 .....	859
(5) No. of certificates of successful primary vaccination sent to other districts (included in heading 4) .....	85
(6) Total number of statutory declarations actually received during the year 1942 .....	4,104

### EMERGENCY SERVICES.

#### EMERGENCY MATERNITY SERVICE.

The scheme for the evacuation of expectant mothers from London and other areas has been continued successfully throughout the year.

At Oadby a pre-natal hostel was opened by the district council in April, 1942 and is working in close co-operation with the Oadby emergency maternity home. A total of 226 expectant mothers passed through this hostel between April and December, 1942.

The following is a summary of the work performed at the three emergency maternity homes during the year :—

	<i>Lockington.</i>	<i>Oadby.</i>	<i>Whatton.</i>	Total.
No. of beds .....	49	25	40	114
No. of patients admitted .....	504	316	506	1326
No. of babies born : Male .....	257	160	259	676
Female .....	218	154	214	586
Total .....	475	314	473	1262
No. of stillbirths .....	8	7	13	28
No. of miscarriages .....	Nil	Nil	Nil	Nil
No. of maternal deaths .....	Nil	Nil	Nil	Nil

The total number of infants born in these three maternity homes up to the end of December, 1942, was 2,739, of which 1,433 were males and 1,306 females. In my earlier reports I have drawn attention to the increased proportion of male births which occur in war time. It is of interest, therefore, to note that whereas the proportion of male to female births for the whole of Leicestershire was 105.6 to 100, the proportion amongst the evacuees in the emergency maternity units was 109.7 to 100.

#### NURSERY CENTRES.

##### *War-time Day Nurseries.*

Close co-operation is maintained with the Ministry of Labour and war-time day nurseries have been established in districts where the shortage of labour is most acute. In addition to the two nurseries already established, four were opened during 1942, and a further expansion planned for 1943.

##### *Residential Nurseries.*

On the 31st December, 1942, there were five residential nurseries in the county, three having been opened and one closed during the course of the year. Although the actual administration of these nurseries is carried out by various voluntary bodies, the county council supervises and co-ordinates their activities. Advice is given on such matters as equipment, feeding and the control of infection, and periodic medical and dental inspections are arranged.



## EVACUATION HOSTELS AND CLINICS.

A description of the work of the hostels and clinics which have been established for evacuees is given in the annual reports of the school medical department for the years 1941 and 1942.

## SANITARY CIRCUMSTANCES OF THE AREA.

## WATER SUPPLY.

During the year, investigations of the purity of water supplies were continued throughout the county. 290 samples were submitted for analysis, as compared with 305 in the year 1941, and the results are set out in the following table.

District	Satisfactory		Unsatisfactory	
	Chemical	Bacteriological	Chemical	Bacteriological
Municipal Borough Loughborough .....	—	—	3	4
Urban Districts				
Ashby-de-la-Zouch .....	1	1	3	3
Ashby Woulds .....	—	—	—	—
Coalville .....	—	46	—	3
Hinckley .....	2	5	3	3
Market Harborough .....	3	3	—	—
Melton Mowbray .....	4	3	—	—
Oadby .....	—	—	—	—
Shepshed .....	1	1	—	—
Wigston .....	—	—	—	—
Rural Districts				
Ashby-de-la-Zouch .....	7	6	9	10
Barrow-on-Soar .....	22	—	6	—
Billesdon .....	—	—	11	19
Blaby .....	—	—	6	—
Castle Donington .....	—	2	—	—
Lutterworth .....	18	—	6	—
Market Bosworth .....	16	7	11	—
Market Harborough .....	3	3	12	12
Melton and Belvoir .....	1	1	5	5
Totals .....	78	78	75	59

## RAINFALL IN 1942.

The following table gives details of rainfall at the Sewage Farm, Wigston, and I am indebted to Mr. G. F. Stacey, Surveyor to the Wigston UD.C., who kindly supplied these figures.

Month	Total Depth	Greatest Fall in 24 hours		No. of days with 0.01 in. or more	No. of days with 0.04 in. or more
	Inches	Inches	Date		
January .....	2.03	0.54	31	17	11
February .....	0.58	0.20	2	14	4
March .....	1.27	0.69	5	13	6
April .....	1.06	0.23	10	11	8
May .....	3.05	0.58	11	13	13
June .....	0.04	0.02	14	3	0
July .....	2.20	0.49	27	14	10
August .....	2.42	0.48	26	19	10
September .....	0.87	0.13	2	17	11
October .....	3.26	0.57	30	19	12
November .....	2.14	0.72	2	15	6
December .....	1.87	0.38	5	19	12
Totals .....	20.79	—	—	174	103

# SUMMARY OF THE ORDINARY HOUSING ACTIVITIES IN THE VARIOUS DISTRICTS IN THE COUNTY DURING 1942:—

DISTRICT	INSPECTION OF DWELLING HOUSES DURING YEAR				No. of Defective Dwelling Houses rendered fit in consequence of informal action by the Local Authority or their Officers	ACTION UNDER STATUTORY POWERS DURING YEAR							HOUSING ACT, 1936, PART IV.—OVERCROWDING					
	Total No. of Dwelling Houses inspected for Housing defects (under Public Health or Housing Acts)	No. Dwelling Houses inspected and recorded under the Housing (Consolidated) Regulations 1925 & 1932 (included in previous column)	No. Dwelling Houses found to be in a state so Dangerous or Injurious to Health as to be unfit for Human Habitation	No. Dwelling Houses found not to be in all respects reasonably fit for Human Habitation (exclusive of those in previous column)		HOUSING ACT, 1936, SECTIONS 9, 10 & 16		PUBLIC HEALTH ACTS		HOUSING ACT, 1936, SECTIONS 11 & 13		HOUSING ACT 1936, SEC. 12	No. Dwelling Houses over-crowded at end of year	No. Families Dwelling therein	★ No. Persons Dwelling therein	No. New Cases of Overcrowding reported during year	No. Cases of Overcrowding relieved during year	★ No. Persons Concerned in such cases
						No. Dwelling Houses in respect of which Notices were served requiring repairs	No. Dwelling Houses rendered fit after service of Formal Notices (By Owners)	No. Dwelling Houses in respect of which Notices were served requiring Defects to be remedied	No. Dwelling Houses in which Defects were remedied after service of Formal Notices (By Owners)	No. Dwelling Houses in respect of which Demolition Orders were made	No. Dwelling Houses Demolished in pursuance of Demolition Orders	No. Separate Tenements or Underground Rooms in respect of which Closing Orders were made						
MUNICIPAL BOROUGH Loughborough .....	482	112	—	294	261	6	6	15	14	—	—	—	59	67	422	27	—	—
URBAN DISTRICTS....																		
Ashby-de-la-Zouch	84	—	—	36	32	2	2	—	—	—	—	—	2	4	21	3	1	7
Ashby Woulds .....	123	—	—	—	21	—	—	—	—	—	—	—	—	—	—	—	—	—
Coalville .....	43	3	—	42	25	3	7	—	—	—	—	—	—	—	—	—	—	—
Hinckley .....	211	—	—	—	111	28	17	15	8	—	1	—	38	46	288	—	5	36
Market Harborough	143	—	—	40	42	—	—	—	—	—	—	—	20	20	167	6	5	27
Melton Mowbray .....	84	—	—	16	13	—	—	—	—	—	—	—	—	—	—	1	1	3
Oadby .....	178	—	—	11	7	—	—	—	—	—	—	—	—	—	—	4	3	16
Shepshed .....	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wigston .....	310	—	—	—	39	—	—	—	—	—	—	—	—	—	—	—	—	—
RURAL DISTRICTS																		
Ashby-de-la-Zouch	393	127	—	127	58	—	—	4	1	—	—	—	—	—	—	5	5	44
Barrow-on-Soar .....	478	120	49	144	109	—	—	23	11	—	—	—	—	—	—	—	—	—
Billesdon .....	60	60	4	15	—	3	1	3	1	—	—	2	27	28	175	1	1	6½
Blaby .....	414	74	17	43	39	4	4	49	37	—	—	—	—	—	—	—	—	—
Castle Donington .....	25	19	—	3	17	—	—	—	—	—	—	—	29	37	208	13	16	92
Lutterworth .....	104	22	—	20	22	—	—	—	—	—	—	—	—	—	—	—	—	—
Market Bosworth	116	—	—	62	54	—	—	—	—	—	—	—	—	—	—	7	7	43
Market Harborough	512	6	—	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—
Melton & Belvoir .....	169	—	—	159	112	—	—	—	—	—	1	—	—	—	—	—	—	—
TOTALS .....	3959	543	70	1018	768	46	37	109	72	—	2	2	211	247	1510	79	52	323½

★ NOTE—In determining the number of persons sleeping in a house, Section 58 Housing Act, 1936, states that a child who has attained one year and is under ten years old, shall be reckoned as one-half of a unit.



## SANITARY INSPECTION.

The following table summarises this work as carried out in the county during the year 1942.

District	No. Com-plaints received	No. Defects or nuisances dis-covered	No. Premises Visited		No. of Notices served			Summary action	
			Inspec-tions	Re-visits	Preliminary	Statutory	Other	Sum-mones issued	Convic-tions ob-tained
MUNICIPAL BOROUGH Loughborough ...	101	3,741	4,061	6,700	255	77	6	15	2
URBAN DISTRICTS									
Ashby-de-la-Zouch	46	192	289	143	50	72	1	—	—
Ashby Woulds ...	78	117	338	—	21	85	—	—	—
Coalville ...	70	65	2,142	170	10	132	3	21	—
Hinckley ...	139	586	2,236	1,173	111	405	12	14	1
Market Harborough	188	514	746	1,174	63	164	1	—	—
Melton Mowbray	116	204	461	788	16	89	—	4	—
Oadby ...	14	39	379	—	27	11	—	—	—
Shepshed ...	15	35	343	20	34	4	—	—	—
Wigston ...	145	296	465	1,413	39	263	—	2	—
RURAL DISTRICTS									
Ashby-de-la-Zouch	181	85	1,077	1,355	111	422	4	31	3
Barrow-on-Sear	274	506	1,019	1,938	144	110	23	29	1
Billesdon ...	120	40	450	20	12	—	—	—	—
Blaby ...	214	83	1,458	475	37	11	—	—	—
Castle Donington	89	80	169	—	3	12	1	—	1
Lutterworth ...	87	51	450	141	23	25	—	2	—
Market Bosworth	84	68	958	252	28	43	3	—	—
Market Harborough	664	712	677	295	4	11	—	—	—
Melton & Belvoir	125	574	1,853	340	159	253	—	3	—
TOTALS ...	2,750	7,988	19,571	16,397	1,147	2,189	54	123	8

## GENERAL SANITATION.—Closet Accommodation.

During the year, 52 privies were abolished and 379 pail closets were converted into water closets. Of these, 44 privies were abolished in the Ashby-de-la-Zouch Rural District, and 300 pail closets were converted in the Market Bosworth Rural District and 30 in the Blaby Rural District.

The following figures summarise the position as regards closet accommodation in the county, as at 31st December, 1942 :—

	Privies.	Pail Closets.	Water Closets.	Total.
10 Urban Districts .....	434	1,367	43,588	45,389
9 Rural Districts .....	2,949	16,358	25,284	44,591
Totals .....	3,383	17,725	68,872	89,980



## INSPECTION AND SUPERVISION OF FOOD.—MILK SUPPLIES.

## "Tuberculin-Tested" Milk.

On December 31st, 1942, there were 23 farms licensed to produce "Tuberculin-Tested" milk, and 18 of these also held certificates of "Attestation" issued by the Ministry of Agriculture and Fisheries. During the year six new licences were issued and two licences were discontinued.

## "Accredited" Milk.

On December 31st, 1942, there were 574 licences in force for the production of "Accredited" milk. During the year 11 new licences were issued and 28 licences were discontinued.

## The Milk (Special Designations) Regulations, 1936-42. Licences Issued, 1942.

DISTRICT	LICENCES ISSUED BY COUNTY COUNCIL				LICENCES ISSUED BY LOCAL AUTHORITIES :—					"PASTEURISED"			
	Tuberculin Tested		Accredited		"Tuberculin Tested"			"Accredited"		Pasteurising plants	Retail Distribut'n		
	Production & Bottling Licences	Total Licences	Production & Bottling Licences	Total Licences	Bottling	Distribution		Dealers	Supplementary				
						Dealers	Supplementary						
MUNICIPAL BOROUGH													
Loughborough ...	2	2	3	11	—	—	1	2	2	4	1	—	2
URBAN DISTRICTS													
Ashby-de-la-Zouch	1	2	—	14	—	—	—	—	—	—	1	—	1
Ashby Wolds ...	—	—	1	2	—	—	—	—	—	—	—	—	1
Coalville ...	—	—	2	6	—	—	—	—	—	—	—	1	—
Hinckley ...	1	1	2	33	—	6	—	—	1	—	1	2	1
Market Harborough	—	—	1	5	—	1	—	—	—	—	1	—	—
Melton Mowbray ...	—	—	1	4	—	—	—	—	—	—	—	—	—
Oadby ...	—	—	1	4	—	—	—	—	—	—	—	—	—
Shepshed ...	—	—	—	1	—	—	1	—	—	—	—	—	—
Wigston ...	—	—	—	6	—	—	2	—	—	—	1	—	3
RURAL DISTRICTS													
Ashby-de-la-Zouch	1	1	1	58	—	—	1	—	—	—	—	—	1
Barrow-on-Soar ...	1	1	4	53	—	—	—	—	—	—	—	—	1
Billesdon ...	4	5	1	32	—	—	—	—	—	—	—	—	—
Blaby ...	—	—	7	64	—	—	—	—	1	—	1	1	4
Castle Donington	1	—	—	43	—	—	—	—	—	—	—	—	—
Lutterworth ...	1	2	—	34	—	—	—	—	—	—	—	—	—
Market Bosworth	1	3	2	124	—	—	—	—	—	—	—	—	—
Market Harborough	1	1	2	34	—	—	1	—	—	—	—	—	—
Melton & Belvoir ...	1	3	1	46	—	—	—	—	—	—	—	—	2
TOTALS	15	23	29	574	—	7	6	2	4	4	6	5	17



## MEAT INSPECTION.

*Slaughter Houses.*

There are now four regional slaughter-houses in the county. The following table shows the situation of the slaughter-houses, inspections made, etc., together with details of slaughtering in other districts of the county.

District	No. of Regional Slaughter Houses	No. of Inspections at time of Slaughter	Total No. of animals slaughtered	No. of Knackers' Yards	No. of Inspections
Municipal Borough Loughborough .....	—	175	179	1	22
Urban Districts					
Ashby-de-la-Zouch .....	—	23	23	1	4
Ashby Woulds .....	—	72	72	—	—
Coalville .....	1	817	12,893	—	—
Hinckley .....	1	343	10,574	—	—
Market Harborough .....	1	342	9,877	—	—
Melton Mowbray .....	1	431	15,293	1	13
Oadby .....	—	43	43	—	—
Shepshed .....	—	—	—	—	—
Wigston .....	—	35	38	1	43
Rural Districts					
Ashby-de-la-Zouch .....	—	32	32	1	8
Barrow-on-Soar .....	—	210	1,069	2	96
Billesdon .....	—	—	—	—	—
Blaby .....	—	37	521	—	—
Castle Donington .....	—	—	—	1	8
Lutterworth .....	—	458	877	2	8
Market Bosworth .....	—	586	1,953	—	—
Market Harborough .....	—	—	—	—	—
Melton & Belvoir .....	—	43	43	3	12
Totals .....	4	3,647	53,487	13	214

## FOOD ANALYSIS.

The county police are responsible for the administration of the provisions of the Food and Drugs Act, 1938, dealing with the composition of food and drugs, and the following summarises the reports of the county analyst for the year 1942 :—

Total samples taken 541, compared with 556 in 1941.

Unsatisfactory samples 21, compared with 52 in 1941.

The unsatisfactory samples were as follows :—

Milk 18 (added water 13 ; deficient in fat 5).

Malt Vinegar 1 (artificial vinegar).

Gin 1 (53 degrees under proof, dilution with 27 per cent. water).

Quinine tonic 1 (insufficient quinine content).

## PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE.

*General Review.*

The incidence of infectious disease has remained favourable throughout the year. The whooping cough epidemic of 1941 ceased abruptly and only 167 cases were notified during 1942 ; there were two deaths. Measles also declined in incidence ; 2,687 notified cases with no deaths comparing with 3,896 cases and five deaths in 1941. The incidence of scarlet fever remained remarkably low and the disease was of a uniformly mild nature. Complications were rare. Cerebro-spinal fever also declined in incidence and the 51 notified cases of this disease represent the lowest prevalence since the beginning of the epidemic of 1940.

*Diphtheria.*

There were 459 notified cases and 27 deaths during the year and the general incidence of the disease is now showing a marked improvement.

Previously over a period of ten years the condition had been gradually increasing throughout the country, and a considerable proportion of the cases were of a severe type. The effect of war had been to aggravate the position, and the 35 fatal cases in 1940 and the 605 notified cases in 1941 were amongst the highest figures ever recorded in the county.

Immunization of children against diphtheria has been carried out with considerable energy in almost all districts, and the staff of my department continue to give assistance whenever a local medical officer of health finds himself in need of help.

The individual protection of children is of itself not sufficient and the goal of all medical officers of health is to immunize a sufficiently high percentage of all the children to ensure that the disease dies out. In some villages and areas this has been achieved, and the general distribution for 1942 was less widely scattered and had a tendency to be more confined to a number of black areas than was the case in 1941.

A quarterly examination of the notifications from each district shows that with one or two exceptions there has been a gradual decline in incidence during the year. Thus in one thickly populated area the notifications fell from 72 during the first quarter to only 6 during the last quarter. An apparent high incidence in several districts is due to the prompt and thorough investigation of small epidemics with the result that large numbers of carriers were detected. Many of these were notified as cases although they had no clinical symptoms of the disease.

The general position as regards diphtheria is, therefore, distinctly favourable and I am confident that if the public interest in immunization can be maintained so that a high proportion of children under school age continue to be protected, then the incidence of the disease will show an even more rapid fall.

*Epidemic Catarrhal Jaundice.*

This disease was the subject of an investigation during 1938 when several small epidemics occurred in the county. During 1942 the number of cases showed a rapid rise and a total of 307 cases were brought to the notice of the department. The majority of cases were in school children and were of a mild type. The epidemic is being investigated by Dr. Lisney and will be the subject of a separate report.

**TUBERCULOSIS.****REPORT OF THE CHIEF TUBERCULOSIS OFFICER.***Prevalence of Tuberculosis.*

								Average for preceding five years
Pulmonary Tuberculosis :								
Notifications	.....	.....	.....	.....	.....	.....	233	201
Deaths	.....	.....	.....	.....	.....	.....	125	144
Death rate	.....	.....	.....	.....	.....	.....	0.39	0.46
Non-pulmonary tuberculosis :								
Notifications	.....	.....	.....	.....	.....	.....	122	86
Deaths	.....	.....	.....	.....	.....	.....	40	33
Death rate	.....	.....	.....	.....	.....	.....	0.13	0.11
Total for both pulmonary and non-pulmonary tuberculosis :								
Notifications	.....	.....	.....	.....	.....	.....	355	287
Deaths	.....	.....	.....	.....	.....	.....	165	177

The number of notifications of pulmonary tuberculosis has increased by seventeen, and non-pulmonary by thirty-two. The deaths of pulmonary tuberculosis have decreased by forty-four and of non-pulmonary tuberculosis have increased by ten.

*Out-Patient Dispensary Work: (for details see Table T.B.1).*

The number of attendances at dispensaries has been 5,622 as against 5,392 in 1941.

X-ray photographs of pulmonary cases have been taken at Markfield Sanatorium, and a certain number of surgical cases have been X-rayed there during the year. The total number taken was 1,597 including 784 screenings. This is an increase of 89.

The number of specimens of sputum examined was 1,010 of which tuberculosis medical officers submitted 446.

#### *Domiciliary Work.*

(i) Open-air shelters.—The number of shelters is 70, and the number of inspections carried out by the County Nursing Association was 192.

(ii) Nursing of advanced cases.—The number of visits made by district nurses under the direction of the County Nursing Association was 2,971.

(iii) Extra nourishment.—£335 has been expended on 43 patients. The grant is one pint of milk per day and one dozen eggs (when possible) per week to each patient.

(iv) Additional help.—The cost of splints, crutches, surgical boots, travelling expenses and dentures has entailed an expenditure of £24 on 15 patients, as against £57 on 23 patients last year.

(v) Domiciliary visits.—Tuberculosis medical officers have paid 1,654 visits to patients' homes. Dr. Coward 607, Dr. Lane 1,047. The health visitors paid 4,553 visits and the district nurses 2,971.

#### *Surgical Tuberculosis.*

The number of patients admitted to orthopaedic hospitals, and those remaining under treatment, and other information will be found in Table T.B.2.

N. A. COWARD,

*Chief Tuberculosis Officer.*

### REPORT BY THE MEDICAL SUPERINTENDENT OF THE LEICESTERSHIRE COUNTY SANATORIUM & ISOLATION HOSPITAL, MARKFIELD.

	Tuberculosis		Infectious Diseases		Total	
	Av. of years		Av. of years		Av. of years	
	1942	1933-37	1942	1933-37	1942	1933-37
Beds provided .....	138	128	76	62	214	190
No. of cases on 1st Jan., 1942	133	114	73	61	206	175
No. of cases admitted .....	242	295	619	528	861	823
No. of cases discharged .....	254	292	593	507	847	799
No. of cases on 31st Dec., 1942	121	117	99	82	220	199

During 1942 the hospital has continued to work at high pressure, and the average number of beds occupied daily was 210, the peak level being 237.

In the sanatorium the figures for all departments show an increase and there has been a further substantial rise in the number of X-ray investigations and patients treated by special methods.

In the infectious disease hospital, cases of diphtheria were admitted in large numbers in the first half of the year and at times rose to over 90, so that for several months a scarlet fever ward had to be utilized for their accommodation. Cerebro-spinal fever, on the other hand occurred with less frequency.

The Ministry of Health has erected two hutted wards and temporary accommodation for 10 staff for emergency use, and steps are being taken to increase the storage of water.

#### **Tuberculosis.**

The average number of beds occupied daily was 132.2 (96%), the highest number of patients under treatment at any one time was 139, and the average duration of treatment was 182 days.

#### *Artificial Pneumothorax.*

92 patients have had treatment by collapse of the lung during the year and 1,412 refills were given. In addition Dr. Lane administered a further 307 refills to patients finding it more convenient to attend the Loughborough clinic after discharge from the sanatorium.

13 patients completed their treatment, 8 left the county, and in 13 cases the procedure failed. At the end of the year, 58 patients were still having refills, of whom 12 were still in-patients, and 46 had been discharged from the sanatorium. Five of the patients were evacuees and one was a child aged 13 years.

#### *Surgical Measures.*

The arrangement with the Leicester City Isolation Hospital for the performance of thoracic surgery by Mr. T. Holmes Sellors has been continued. 9 Thoracotomies with adhesion section were carried out on patients having artificial pneumothorax treatment, and one case was investigated by bronchoscopy.

#### *Aurotherapy.*

Gold salts were injected into 28 cases, of whom 19 completed the course, 4 reacted badly, and 5 were still proceeding at the end of the year.

The average dose was 4 grammes, necessitating an average of 20 weekly injections. 8 out of the 19 completed cases became quiescent, and 13 out of 18 positive cases became non-infective.

#### *Heliotherapy.*

49 patients received artificial sunlight, 2,174 exposures being given.

#### *Special Tests.*

Blood sedimentation rate estimations were performed on 1407 occasions, and 53 Mantoux skin tests were made.

#### *X-Ray Department.*

The number of X-ray examinations shows a constant rise, particularly in the number of cases sent for investigation by the tuberculosis officers.

	Screening	Films.
In-patients .....	604	435
Sent by tuberculosis officers .....	597	623
Sent by other clinics .....	—	21
Service cases .....	187	190
	<hr/> 1388	<hr/> 1269
	<hr/> Total. 2657 <hr/>	

#### *Laboratory.*

Sputum for tubercle bacilli .....	1022
Urine for tubercle bacilli .....	144
Effusions for tubercle bacilli .....	75
Cultures for diphtheria bacilli.....	5030
Post-mortems .....	6
Cerebro-spinal fluid .....	56
Blood counts, etc. ....	9
	<hr/> 6342 <hr/>

#### *Results of Treatment.*

254 cases of tuberculosis were discharged during the year 1942, of whom 206 were suffering from the adult type of lung disease and 8 from the childhood type, while 29 had non-pulmonary tuberculosis.

A further 14 cases were admitted for observation, and of these 3 were diagnosed as suffering from active tuberculosis and retained for treatment.

81 adults were T.B. negative or early T.B. positive cases, and of these 56 (69%) became quiescent and 7% died.

125 adults were moderately or well-advanced T.B. positive cases, and of these only 31 (24%) became quiescent and 27% died.

Altogether there were 129 T.B. positive cases and 37% became non-infective as a result of treatment.



## INFECTIOUS DISEASES.

The average number of beds occupied daily was 68.8, and the highest number of patients under treatment at any one time was 102. The average age of all cases was 14 years, and the average stay in hospital 40 days.

*Scarlet Fever.*

Only 85 cases passed through the hospital, the ward being used for diphtheria for many months. The average age was 9 years, duration of treatment 28 days, and 1 death occurred (purpura hæmorrhagica).

Specific complications were 2 otorrhœa, 1 rheumatism.

*Diphtheria.*

357 cases were discharged, the average age being 13.6 years, duration of treatment 50 days.

294 suffered from diphtheria affecting the throat, two of the larynx, 12 of the nose, while 27 were carriers only, and the diagnosis could not be confirmed in a further 22 cases.

15 deaths occurred, 4 within 24 hours of admission, 6 within the first few days, and 5 of late paralysis.

The average dose of antitoxin was 81,000 units.

Specific complications were 32 peripheral paralysis, 5 cardiac paralysis, 1 relapse.

*Cerebro-Spinal Fever.*

49 cases were discharged, the average age being 12 years, duration of treatment 16 days.

18 cases could be confirmed as suffering from meningococcal meningitis, and the average dose of sulphonamides was 25 grammes.

Two deaths occurred, 1 on the day of admission. One case developed nerve deafness.

In addition 5 cases of tuberculous meningitis, 3 pneumococcal meningitis, and 2 streptococcal meningitis were treated, and a further 21 cases were found not to be suffering from meningitis.

*Typhoid Fever.*

Only 2 cases were admitted and in neither was the diagnosis confirmed.

*Puerperal Fever.*

31 mothers, accompanied by 22 babies, were treated during the year, the average stay being 21 days, and 2 deaths occurred.

*Other Diseases.*

Cases of other diseases included 14 erysipelas, 9 measles, 6 poliomyelitis, 5 whooping cough complicated by pneumonia, 4 mumps, 4 dysentery, 3 chicken pox, 2 pemphigus neonatorum, 1 malaria, and 1 pneumonia.

## STAFF.

66 Dick and Schick tests were performed, 13 members of the staff were immunised and 45 vaccinated; 60 cases of illness requiring repeated attention were treated.

16 examination successes were obtained by the nursing staff.

H. SELBY,  
*Medical Superintendent.*



# COUNTY SANATORIUM, MARKFIELD.

Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year 1942.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.												Grand Totals
		Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			Totals.
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	1	3	—	16	8	2	9	15	4	—	27	7	60
	Quiescent ...	2	6	—	3	1	1	1	4	—	—	12	1	19
	Not quiescent ...	1	2	—	1	1	—	—	—	—	1	3	—	6
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus. Group I.	—	—	—	1	1	—	2	—	—	—	3	—	4
NON-PULMONARY TUBERCULOSIS.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus. Group II.	1	—	—	4	2	—	11	6	—	3	12	—	31
	Quiescent ...	3	4	—	4	7	—	11	10	—	4	23	—	45
NON-PULMONARY TUBERCULOSIS.	Not quiescent ...	1	—	—	2	—	—	1	—	—	—	2	—	6
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. Plus. Group III.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Quiescent ...	2	1	—	2	3	—	3	1	—	2	6	—	15
	Not quiescent ...	10	9	—	1	4	—	2	1	—	1	15	—	28
TOTALS (pulmonary)		21	25	—	34	27	3	40	37	4	10	101	8	214
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	—	—	—	—	—	—	1	—	—	—	1	—	1
	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent ...	1	—	—	—	1	—	—	—	—	—	1	—	2
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Abdominal.	—	—	—	—	—	2	2	1	4	—	2	6	9
NON-PULMONARY TUBERCULOSIS.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Organs.	—	1	1	—	—	—	—	—	—	—	1	1	1
	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
NON-PULMONARY TUBERCULOSIS.	Not quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Peripheral glands.	—	—	—	—	1	4	—	—	6	—	1	11	12
	Quiescent ...	—	—	—	—	1	1	—	—	—	—	1	1	2
	Not quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS (non-pulmonary)		1	1	1	—	4	7	3	1	10	—	6	19	29

## THE SECOND FIVE YEARS OF THE COUNTY SANATORIUM & ISOLATION HOSPITAL, MARKFIELD. 1938-1942.

The opportunity has been taken of summarizing the work of the hospital during the period 1938/42 and of comparing it with the previous 5-year period.

Cubicles have been added to the male and female sanatorium blocks, providing an additional twelve beds; and two emergency hutted wards have been erected in the isolation hospital to provide 30 beds. The administration block has been extended to provide 16 additional bedrooms for staff, together with offices for steward and assistant matron, quiet room for nurses, sitting-room for senior domestic staff and a washing and shampoo room; emergency accommodation for 10 nurses has been added to the isolation hospital.

4,604 cases were admitted and 4,594 discharged, annual averages of 921 and 919 compared with 819 and 800 in the previous 5 years.

### SANATORIUM.

1,195 cases of tuberculosis were discharged; an average of 239 compared with 292 for the previous five years. The fall was accounted for by evacuation to accommodate diphtheria during epidemics, and by an increase in the average length of stay from 185 to 190 days. Over the whole period 91% of available beds were occupied daily.

Treatment by collapse of the lungs has been given to patients in increasing numbers and in 1942 reached the figure of 92 compared with 37 in 1937, and a total of 6,961 refills were given, annual average 1,392 compared with 558 in the previous period.

The provision of operative surgical measures designed to improve collapse of the lungs without transfer to distant hospitals is an important advance. The operations are performed by Mr. T. Holmes Sellors, of London, at the City Isolation Hospital, Leicester, and in the past two years 13 thoracotomies with adhesion section, 2 phrenic paralyses, and 3 bronchoscopies have been performed.

A further 153 patients received a course of injections of gold salts, compared with 100 in the previous period; and of 94 completed cases, 55% became quiescent, and 69.6% became non-infective, (36% and 64% in the previous 5 years).

The number of X-ray investigations performed by the medical superintendent shows a continuous rise, totalling 9,995, average 1,999 compared with 1,180, while the number of laboratory examinations, all performed by the medical staff, has mounted to 28,443, annual average 5,688 compared with 3,642.

Blood sedimentation rate estimations number 7,231 and Mantoux tuberculin tests 213, compared with 6,535 and 279.

Artificial sunlight irradiation was administered by 8,229 exposures, compared with 4,333.

Analysis of the results of treatment shows that 913 cases of adult phthisis completed a course of treatment and that 42% became quiescent, while 21% died. 626 cases were T.B. positive and of these 161 (26%) became non-infective. 92 Cases were admitted for observation, and 14 were diagnosed as suffering from active tuberculosis.

### ISOLATION HOSPITAL.

3,400 cases of infectious diseases were discharged, an annual average of 680; compared with 2,537 and 507 respectively during the previous five years.

There were 1,321 cases of scarlet fever compared with 1,751.

Cases of diphtheria amounted to 1,468, compared with 645, and although the prevalent type of disease has been severe, the mortality has been slightly reduced to 5%.

40 cases of typhoid fever were dealt with compared with 30, but diagnosis was not confirmed in 15.

98 cases of puerperal fever were treated and in 41 the baby was also admitted, compared with 36 and 18 babies.

Cerebro-spinal fever occurred in epidemic proportions during the years 1940/41, and altogether 239 cases were discharged during the 5 years compared with 17 in the previous period. In 154 cases the diagnosis was confirmed, 24 deaths occurred, many within 24 hours of admission, but as the result of intensive administration of sulphonamides the death rate of 16% compares very favourably with that of 52% in the previous 5 years.

71 cases of erysipelas with 4 deaths, compared with 46 cases and 3 deaths, 23 cases of infantile paralysis and 7 of encephalitis lethargica have been treated during the past 5 years. Other cases have included malaria, dysentery, pemphigus neonatorum, measles, and whooping cough complicated with pneumonia.

#### STAFF.

Training is given in tuberculosis for the T.A. certificate, and in infectious diseases for the supplementary register of the G.N.C., and 62 examination successes were obtained, as compared with 36 in previous five years.

199 Dick and 217 Schick tests were carried out by the medical superintendent, who also acts as national health insurance practitioner; 31 members of the staff have been immunised against scarlet fever, 71 against diphtheria, 98 against the typhoid group, and 45 against smallpox. 7 cases of diphtheria and 5 of scarlet fever occurred during the 5 years.

H. SELBY.

*Medical Superintendent.*

#### Report on the Venereal Diseases Scheme for the Year 1942.

By C. Hamilton Wilkie, Ch.B., B.Sc., M.D.,

Director of Venereal Diseases Services.

I have pleasure in submitting this brief report on the venereal disease scheme for Leicester and Leicestershire for the year 1942.

The chief V.D. Department is at the Royal Infirmary, Leicester. During the year we had a total of 1,247 new cases (1941—1,091). There was thus an increase of 156 new cases over the previous year.

Of the 1,247 new cases there were :—

(1) Return cases with same infection	10
(2) New syphilitic cases	144
(3) Soft chancre	1
(4) Gonorrhœa	369
(5) Non-venereal cases	532 (1941—445)
(6) Undiagnosed on 31/12/42	8
(7) Transfers from other centres	183
Total	1,247

An analysis of the new syphilitic cases and of the new gonorrhœal cases shows that there were :—

(a) Acute early syphilitic cases	51 (1941— 37)
(b) Late syphilitic and congenital	93 (1941— 86)
(c) Gonorrhœa	369 (1941—326)

I believe that we in Leicester can be satisfied that our increase, as shown in items (a) and (c), is relatively small when compared with some areas in the country. It is well known that there has been a considerable increase of acute venereal disease in the country for the year. There was an increase of 14 acute early syphilitics and an increase of 43 gonorrhœal cases over the previous year. These cases include service cases as well as civilian cases.

The non-venereal cases have risen considerably. This type of case will increase even more in the future, as a result of the nation-wide campaign against venereal disease.

Out-patients at the Royal Infirmary centre totalled 17,281 for the year, and in-patients totalled 144.

Pathological work done within the department was considerable, despite the fact that most of this work is undertaken by the pathologist (Dr. W. W. Mackarell) at the Royal Infirmary Laboratory.

The amount of work done in the male and female V.D. departments during the year has been considerably more than in previous years. At times it has been a strain on the nursing and medical staff to cope successfully with the extra work, and at the same time to keep up the standard of efficiency. I owe a lot to the staff of the male and female departments for their co-operation throughout the year.

*Loughborough General Hospital V.D. Clinic.*

The new cases here totalled 122 (1941—54). The "transfers from other centres" totalled 49, syphilitics 4, gonorrhœal cases 14, and non-venereal cases 55.



The total attendances were 818.

This newer centre, which is open every Monday evening, is functioning well and I consider a valuable addition to our V.D. scheme.

The work at this clinic shows every sign of increasing and already puts considerable strain on a staff consisting only of an out-patient sister, a senior male nurse, and myself.

#### *St. Mary's Home Centre.*

Valuable work continues to be done at St. Mary's Home, Ashleigh Road, Leicester. New cases (chiefly transfers from centres) totalled 45, and the total attendances 97. This centre is primarily for unmarried destitute girls who may require examination or treatment for venereal disease. We owe much to the staff of St. Mary's Home for the valuable welfare work done throughout the year.

#### *Diagnosis and Treatment.*

No great change has taken place in the treatment of syphilis. Early diagnosis, followed by regular treatment, is essential. I believe that all cases of syphilis should be treated by the venereologist. Late cases may require highly specialised and individualised treatment.

The treatment of gonorrhœa has greatly advanced in recent years.

With the newer methods of treatment, however, new problems arise. Three rules must be recognised :—

- (1) The infection must always be diagnosed by tests prior to the commencement of modern treatment. It is wrong practice to give chemotherapy and then send the patient to the V.D. centre for diagnosis. Unfortunately, this is sometimes done.
- (2) The necessity of thorough tests of cure still remains.
- (3) Careful enquiry into all possible contacts must be made. The marital partner should be specially considered. Several tests may be necessary.

The non-venereal infection is apparently becoming more common. I would here mention two non-venereal conditions which are worthy of note.

- (a) The non-venereal urethritis in males (organismal or chemical).
- (b) The *trichomonas vaginalis* infestation in females. This condition often occurs in conjunction with a gonococcal infection.

#### *Propaganda.*

Education of the public on the dangers which may result from venereal disease has received more prominence this year. We in Leicester began our education campaign as far back as 1932. Thirty-six lectures were given during the year. The total lectures given now total over 200. We have always held the strong belief that public education on sex problems and on the dangers of venereal disease is a very necessary part of a V.D. scheme. I prefer my own set of lantern slides which may be varied to suit the particular audience. These lectures accompanied by lantern demonstration are in great demand.

We must not relax our efforts in education. Much remains to be done to reduce the incidence of venereal disease in this country.

I here acknowledge the help and encouragement given to me by the medical officers of health for Leicester and Leicestershire and their respective health committees.

C. HAMILTON WILKIE.

#### \*"A Venereal Disease Scheme in Operation."

By Dr. Hamilton Wilkie,  
Director of Venereal Disease Services,

I have been asked to give a review on the various methods used in Leicester and Leicestershire to improve our attack against venereal diseases. I must be brief, as the time at my disposal is short. I shall first consider our efforts in education of the public and some of the lessons gained, flaws as well as achievements.

When I was appointed to Leicester in 1931 little had been done to enlighten the public on the dangers of venereal diseases. The medical officers of health and their committees gave me a free hand to go ahead with public lectures. At first, in 1932, the term "venereal disease" was avoided in notices advertising lectures. The bills were headed "Lectures on Social Hygiene."

We had then quite a number of persons who were more concerned that venereal disease should not be mentioned than they were that it should be stamped out. In 1933, however, it was considered that the term "venereal disease" could appear on public notices, and it did. Things were changing for the better.

The public interest in properly advertised lectures on venereal diseases was apparent from the beginning, and the lecture halls were always crowded. Each lecture was accompanied by a lantern slide demonstration showing charts and actual cases. A free discussion always followed. I preferred my own set of slides to an obviously acted film with perhaps a title quite unsuited. They had at least the value of realism. Moreover, the slides could be varied to suit the particular audience, whether male, female, or, as on one occasion, mixed. The discussion which followed always proved valuable and demonstrated the desire for education on sex problems.

Up to date I have given 180 lectures in my area (76 to civilians and 104 to the services). The civilian lectures included lectures to factory workers and to various organisations such as the police force and St. John Ambulance Brigade. They also included two to the general practitioners in the area, given with a view to promoting better understanding and co-operation between them and the venereal disease department.

The cost of this extensive education scheme has been small, being confined mainly to advertisements and the hire of a hall on a few occasions.

Now for the lessons gained from lectures given to a civilian audience.

To analyse the results more clearly I shall divide civilian lectures into two groups: (a) the freely advertised public lectures, and (b) the lectures to factory workers and various organisations.

As far as the freely advertised public lectures are concerned, I believe they did not achieve their real object. Although the halls were well filled, the majority of the audience were made up of middle-aged people, a few past and present patients, a few neurasthenics, some who were morbidly curious, and the people who usually attend public lectures. The *young people* from all stations of life were not sufficiently represented.

On the other hand, the lectures given to factory workers and various organisations were different. Here we had an audience often young and keen for medical knowledge and guidance, and this was encouraging because we know that the ignorance of the eighteens to twenty-fives can be disastrous.

The atmosphere was different. They were not slipping into a hall specially chosen for its seclusion. Often the lecture was more or less compulsory. The discussion which followed was intelligent and of great value.

War conditions have given me a new outlook on public health education. Now we can assess more accurately the value of compulsory lectures to young and middle-aged men and women. I have no doubt whatever of their value. I only wish that some of you here to-day could have been present at some of the lectures I have given to soldiers, members of the A.T.S. men and women of the A.F.S., girls of the Land Army, and men and women of first aid posts (totalling approximately 20,000 people). The discussion which followed would have convinced you of their value.

It is argued by a few that lectures on sex and on venereal diseases do not result in more cases of venereal disease coming to the clinics, but only result in the attendance of a few neurasthenics and non-venereal patients. It is true that we do have some neurasthenics and non-venereals coming as a direct result of lectures.

I believe, however, that education has prevented a considerable number of venereal diseases cases in our area.

My defaulter rate has fallen and propaganda, among other things, has played its part. By defaulter I mean the case who ceases to attend before the doctor has completed the treatment and tests of cure have been carried out. The ultimate criterion of success of the public lectures should be a reduction in the new cases.

If we launched an extensive campaign of venereal disease education for the young adults of this country, the ultimate criterion of success would be a fall in new cases of venereal disease. Now, a few points on the lecture itself and on the qualifications desirable in the lecturer. Every lecture on venereal disease should include the true statement that the ideal preventative against



venereal disease is complete loyalty between husband and wife. It should also include, I believe, a description of some of the commoner non-venereal conditions. The public must be made to realise that all who attend a venereal disease department have not necessarily venereal disease, nor are they necessarily guilty of having broken our moral code. Emphasis should always be placed on the fact that cases who report at the earliest possible moment can entertain the highest hopes of quick and complete cure.

As regards the lecturer. He (or she) should be a specialist on venereal diseases. He should be keen on lecturing and should have some aptitude for the job. Not every veneriologist likes lecturing or will lecture. I would never advise a lecturer on venereal diseases to enter into a free discussion after his lecture unless he felt capable of answering what may be at times very tricky questions. Otherwise omit the discussion. He must have a very broad understanding of human nature.

Now let me leave the subject of lectures and turn to other methods of venereal disease education.

What about the wireless? The recent broadcast by Sir Wilson Jameson was one of the finest things that has happened in the field of public health propaganda. It did much to strengthen my campaign in Leicester.

Broadcasting is an excellent medium for venereal disease education. It speaks to the home circle, and therefore to a good many people who would not readily attend a public meeting. It does not, of course, replace the personal lecture followed by free question and answer.

Then we have the press. The press has helped and is now helping more than ever. A number of people have expressed to me their interest in recent articles. We must take care, however, that all press articles on this subject have the approval of some authority.

Now we have a very important advertisement appearing in daily and weekly newspapers. This excellent and clearly understood advertisement is issued by the Ministry of Health and the Central Council for Health Education. It will be read and appreciated by many thousands of people. I believe it will achieve much.

I shall not mention to-day the effects of films and pamphlets, nor the question of venereal disease almoners, nor contact training. These can be discussed later if desired.

Any scheme of venereal disease education must depend for its success upon the guarantee of efficient and convenient treatment.

Newer methods of treatment and an increase in the number of free treatment centres make this possible.

A venereal disease clinic should be organised so that we have a minimum of delay, combined with secret and highly specialised treatment. We must avoid the necessity of a patient having to make unnecessary explanations for undue absence from home. By doing so we can help to reduce our defaulters.

So much at present for venereal disease education and for the necessary guarantee of efficient and convenient speedy treatment, but that is not all.

It is as well for us to remember that the whole problem of the spread of venereal disease falls into a very special category.

Infection is spread, more or less directly, by the agency of a powerful primary instinct.

The conditions of modern civilisation tend to over-stimulate that instinct.

If we had a diminution in the unwise use of alcohol, economic conditions permitting of reasonably early marriage, and a greater spread of cultural interests, I believe things would be improved.

Reforms of this nature, and there are many to be made, would narrow down our field of endeavour. They would enable us to concentrate upon the purely medical problem with every hope of success.

Venereal disease education of the young adults of this country must contribute towards that success.

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\* Lecture delivered at the London Conference on "Health Education and the Venereal Diseases" held on 26th February, 1943, and attended by His Grace the Archbishop of Canterbury and the Minister of Health.

T.B.1.—Return shewing the work of the Tuberculosis Dispensaries during the year 1942.

Diagnosis.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
A—(1) Number of definite cases of Tuberculosis on the Dispensary Register at the beginning of the Year ....	552	524	80	76	85	91	112	100	637	615	192	176	1620
(2) Transfers from other Authorities during the Year ....	12	16	2	...	1	1	1	1	13	17	3	1	34
(3) Lost sight of cases returned during the Year ....	1	2	...	...	...	...	...	...	1	2	...	...	3
B—Number of NEW CASES diagnosed as tuberculous during the Year—	56	46	5	6	...	...	...	...	56	46	5	6	113
(1) Class T.B. minus ....	52	44	...	1	...	...	...	...	52	44	...	1	97
(2) Class T.B. plus ....	...	...	...	...	11	16	23	12	11	16	23	12	62
(3) Non-pulmonary ....													
C—Number of cases included in A. and B. written off the Dispensary Register during the Year as:—	22	15	5	...	9	9	7	6	31	24	12	6	73
(1) Recovered ....	64	54	1	5	5	4	1	...	69	58	2	5	134
(2) Dead (all causes) ....	31	25	7	1	8	5	4	5	39	30	11	6	86
(3) Removed to other areas ....	11	21	1	4*	2	4	1	1	13	25	2	5	45
(4) For other reasons ....													
D—Number of definite cases of Tuberculosis on the Dispensary Register at the end of the Year ....	545	517	73	73	73	86	123	101	618	603	196	174	1591

## T.B. 2.—SANATORIA, HOSPITALS, AND OTHER RESIDENTIAL INSTITUTIONS FOR THE TREATMENT OF TUBERCULOSIS.

Name and Situation of Institution.	Class of Case and No. of Beds.	Number of patients sent by the Council who were under treatment on the 31st, Dec., 1941.	Number of patients sent by the Council during the year ended 31st December, 1942.	Number of patients sent by the Council who were discharged or died in the Institution during the year ended 31st December, 1942.	Total number of days during which the patients referred to in column 5 were resident in the Institution.	Average number of days which the patients referred to in column 5 were resident in the Institution.	Number of patients sent by the Council who were under treatment on the 31st December, 1942.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
County Sanatorium, Markfield.	Male Adults (58 beds) P	54	109	106	19,687	186	57
	Female Adults (58 beds) P	52	88	101	20,130	199	39
	Children (22 beds) P	10	11	15	2,821	188	6
	Male Adults NP	4	3	6	1,511	252	1
	Female Adults NP	5	8	8	1,339	167	5
	Children NP	8	23	18	3,403	189	13
Papworth Village Settlement.	Male Adults P	—	1	1	42	42	—
	Female Adults P	1	—	1	177	177	—
Children's Hospital, Gringley on the Hill.	Male Adults NP	1	—	—	—	—	1
	Children NP	1	2	1	308	308	2
Harlow Wood Orthopædic Hospital, Mansfield, Notts.	Male Adults NP	1	1	1	621	621	1
	Female Adults NP	2	1	3	839	279	—
	Children NP	2	6	3	188	63	5
City General Hospital, Leicester.	Male Adults NP	2	13	12	1,494	124	3
	Female Adults NP	1	11	8	562	70	4
	Children NP	4	18	14	1,745	125	8
Royal Cripples' Hospital, Birmingham.	Female Adults NP	—	1	1	74	74	—
Warwickshire Orthopædic Hospital, Coleshill.	Children NP	6	4	4	1,235	309	6
TOTALS ....		154	300	303	56,176	185	151

P—Pulmonary Tuberculosis.

NP—Non-Pulmonary Tuberculosis.





**T.B. 3.—Return shewing the immediate results of treatment of patients discharged from Residential Institutions during the year 1942.**

PULMONARY TUBERCULOSIS.				Classification on admission to Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.												TOTAL
						Under 3 months but ex- ceeding 28 days			3—6 months			6—12 months			More than 12 months			
						M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
	Class T.B. minus.	Quiescent ....	....	1	3	—	19	6	1	14	12	2	1	2	1	62		
		Not quiescent ....	....	3	6	—	2	6	2	1	1	—	1	—	—	22		
		Died in Institution	....	2	1	—	1	3	—	2	1	—	—	1	—	11		
	Class T.B. plus Group 1.	Quiescent ....	....	—	—	—	—	1	—	—	—	—	1	1	—	3		
		Not quiescent ....	....	—	—	—	—	2	—	—	—	—	1	—	—	3		
		Died in Institution	....	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Class T.B. plus Group 2.	Quiescent ....	....	—	1	—	6	1	—	9	6	—	3	1	—	27		
		Not quiescent ....	....	3	5	—	5	2	—	12	13	—	2	4	—	46		
		Died in Institution	....	3	2	—	2	3	—	1	—	—	—	2	—	13		
	Class T.B. plus Group 3.	Quiescent ....	....	—	—	—	—	—	—	—	—	—	—	—	—	—		
		Not quiescent ....	....	—	1	—	—	—	—	—	—	—	—	—	—	1		
		Died in Institution	....	—	1	—	—	—	—	—	—	—	—	1	—	2		

Cases Discharged under 28 Days	....	....	....	5
Cases Died under 28 Days	....	....	....	14
Observation cases discharged Non-Tuberculous			....	15

### Non-Pulmonary Tuberculosis.

Bones and Joints :—	Quiescent	....	....	....	....	....	—
	Not Quiescent	....	....	....	....	....	45
	Died	....	....	....	....	....	2
Abdominal :—	Quiescent	....	....	....	....	....	9
	Not Quiescent	....	....	....	....	....	2
	Died	....	....	....	....	....	2
Other Organs :—	Quiescent	....	....	....	....	....	2
	Not Quiescent	....	....	....	....	....	2
	Died	....	....	....	....	....	—
Peripheral Glands :—	Quiescent	....	....	....	....	....	13
	Not Quiescent	....	....	....	....	....	2
	Died	....	....	....	....	....	—
	Observation cases	....	....	....	....	....	—
							79





**T.B. 5. TUBERCULOSIS :—Notifications and Deaths.**  
**Shewing Age Periods.**

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
0 to 1 ....	—	—	—	—	—	—	—	—
1 to 5 ....	—	1	11 <sup>3</sup>	11 <sup>4</sup>	—	—	3	7
5 to 15 ....	8 <sup>2</sup>	8 <sup>3</sup>	24 <sup>3</sup>	19 <sup>2</sup>	—	3	3	3
15 to 45 ....	92 <sup>43</sup>	73 <sup>36</sup>	20 <sup>7</sup>	28 <sup>16</sup>	26	47	6	12
45 to 65 ....	37 <sup>15</sup>	8 <sup>4</sup>	6	1	32	7	3	1
65 and upwards...	4 <sup>2</sup>	2 <sup>2</sup>	1	1	6	4	2	—
Total ....	141 <sup>62</sup>	92 <sup>45</sup>	62 <sup>13</sup>	60 <sup>22</sup>	64	61	17	23

NOTE.—The figures in small type show additional cases which came to the notice of the County M.O.H. other than by formal notification.



District.	Estimated Population Mid-Year.	NOTIFICATIONS OF TUBERCULOSIS.				DEATHS FROM TUBERCULOSIS.			
		Pulmonary	Attack Rate.	Non- Pulmonary.	Attack Rate.	Pulmonary.	Death Rate.	Non- Pulmonary.	Death Rate.
Ashby-de-la-Zouch	6037	1	.17	1	.17	1	.17	—	—
Ashby Woulds	3091	—	—	2	.65	1	.32	—	—
Coalville	24280	12	.49	14	.58	10	.41	8	.12
Hinckley	34960	24	.68	17	.49	16	.46	2	.06
Loughborough	33970	27	.80	17	.50	13	.38	6	.17
Market Harborough	10840	8	.74	4	.37	2	.18	2	.18
Melton Mowbray	12450	10	.80	5	.40	5	.40	2	.16
Oadby	5507	4	.73	2	.36	3	.54	—	—
Shepshed	5655	5	.88	3	.53	4	.71	2	.35
Wigston Magna	13310	9	.68	4	.30	6	.45	1	.08
TOTALS	150100	100	.66	69	.46	61	.47	23	.15
Ashby-de-la-Zouch	13320	6	.45	4	.30	5	.38	3	.22
Barrow-on-Soar	41850	42	1.00	15	.36	22	.52	3	.72
Billesdon	6964	2	.29	3	.43	1	.14	1	.14
Blaby	35740	30	.84	12	.33	13	.36	4	.11
Castle Donington	8338	7	.84	1	.12	2	.24	—	—
Lutterworth	11430	2	.17	4	.35	2	.17	1	.09
Market Bosworth	23580	25	1.06	7	.30	7	.30	5	.21
Market Harborough	9448	6	.63	2	.21	4	.42	—	—
Melton and Belvoir	17330	13	.75	5	.29	8	.46	—	—
TOTALS	168000	133	.80	53	.31	64	.38	17	.10

URBAN.

RURAL.

TABLE 1.—VITAL STATISTICS.

	LEICESTERSHIRE COUNTY, 1942						ENGLAND AND WALES.		
	Urban		Rural		Whole County				
Population (Est. Mid-year, 1942)	150,100		168,000		318,100				
	No.	Rates	No.	Rates	No.	Rates	Rates		
Live Births :	2718	18.11	2790	16.61	5508	17.31	15.8		
Deaths (all causes and all ages) ....	1569	10.45	1730	10.30	3299	10.37	11.6		
* „ (under one year)....	146	*53	111	*40	257	*46	*49		
Deaths from :—									
Measles ....	—	—	—	—	—	—	0.01		
Whooping Cough ....	2	0.01	—	—	2	0.006	0.02		
Diphtheria ....	11	0.07	16	0.10	27	0.08	0.05		
Scarlet Fever ....	2	0.01	—	—	2	0.006	0.00		
*Diarrhoea (under 2 yrs.)	9	*3.31	11	*3.94	20	*3.63	*5.2		
							Percentages of Total Deaths.		
The seven chief causes of death were :—							Urban	Rural	Wh'le C'tnty
Heart Disease ....	351	2.34	467	2.78	818	2.57	22.4	27.0	24.8
Cancer ....	227	1.47	257	1.53	484	1.52	14.5	14.8	14.7
Intra-cranial Vascular Lesions ....	162	1.08	184	1.10	346	1.09	10.3	10.6	10.5
Bronchitis ....	90	0.60	66	0.39	156	0.49	5.7	3.8	4.7
Pneumonia ....	71	0.57	72	0.43	143	0.45	4.5	4.2	4.3
Phthisis ....	61	0.41	64	0.38	125	0.39	3.9	3.7	3.8
Nephritis ....	38	0.25	63	0.37	101	0.32	2.4	3.6	3.1

NOTE.—The rates are calculated per thousand of the population, except where marked (\*) which are per thousand registered births.

**TABLE 2.—BIRTH-RATES, CIVILIAN DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1942.**

Provisional figures based on Weekly and Quarterly Returns.

England and Wales, 126 County Boroughs and Great Towns including London, and 148 Smaller Towns with Resident Population 25,000 to 50,000 at 1931 Census.

	RATE PER 1,000 CIVILIAN POPULATION.		ANNUAL DEATH-RATE PER 1,000 POPULATION.										NOTIFICATIONS.								RATE PER 1,000 LIVE BIRTHS.							
	Live Births.	Still-Births.	All Causes.	Typhoid and Paratyphoid Fevers.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Small-pox.	Measles.	Typhoid Fever.	Paratyphoid Fever.	Cerebro Spinal Fever.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Erysipelas.	Small-pox.	Measles.	Pneumonia.	Deaths from Diarrhoea and Enteritis (under two years).	Total Deaths under One Year.						
England and Wales	15.8	0.54	11.6	0.00	0.00	0.02	0.05	0.09	—	0.01	0.01	0.01	0.14	2.19	1.73	1.05	0.30	0.00	7.46	1.07	5.2	49						
126 County Boroughs and Great Towns, including London	17.3	0.66	13.3	0.00	0.00	0.03	0.06	0.09	—	0.02	0.01	0.01	0.17	2.49	1.97	1.35	0.36	0.00	9.27	1.30	7.5	59						
148 Smaller Towns (Resident Populations 25,000 to 50,000 at census, (1931)	18.4	0.62	12.1	0.00	0.00	0.02	0.04	0.10	—	0.01	0.01	0.01	0.12	2.34	1.58	0.91	0.26	—	7.39	0.94	4.8	46						
London Administrative County	14.0	0.48	13.9	0.00	0.00	0.04	0.02	0.07	—	0.01	0.02	0.01	0.15	1.86	2.72	0.76	0.43	0.00	8.62	0.94	8.6	60						
Maternal Mortality rates (excluding Abortion) for England and Wales per 1,000 Total Births (Live and Still)																							Puerperal Infection (No. 147)		Total			
NOTIFICATIONS.— (per thousand total births)																							0.42		1.59		2.01	
England and Wales																							Puerperal Fever & Puerperal Pyrexia.		12.61			
126 County Boroughs and Great Towns, including London																							...		15.94			
148 Smaller Towns (Estimated Resident Populations 25,000 to 50,000 at Census, 1931)																							...		10.80			
London Administrative County																							3.10		17.69			
																							(Including Puerperal Fever)					

TABLE 3. — NOTIFIABLE DISEASES.

DISEASE.	Total cases notified.	Cases admitted to Isolation Hospital.	Total Deaths.
<i>Notifications returned by the Registrar General :—</i>			
Small-pox ....	—	—	—
Scarlet Fever ....	623	546	2
Diphtheria ....	459	503	27
Enteric Fever ....	2	4	—
Puerperal Pyrexia ....	43	*56	3
Pneumonia ....	362	—	143
Erysipelas ....	118	19	1
Measles ....	2,687	13	—
Whooping Cough ....	167	4	2
<i>Other Diseases generally notifiable :—</i>			
Ophthalmia Neonatorum ....	7	1	—
Poliomyelitis ....	15	9	1
Cerebro-spinal Fever and Meningitis....	51	67	10
Encephalitis Lethargica ....	1	1	3

N.B. Notifications supplied by the Registrar General are for the 52 weeks ended 2nd January, 1943.

\* Includes 20 babies



TABLE 4. CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF LEICESTER, 1942.

CAUSES OF DEATH.	AGGREGATE OF URBAN DISTRICTS.														AGGREGATE OF RURAL DISTRICTS.							
	Sex.	All Ages.	0—	1—	5—	15—	45—	65—								All Ages.	0—	1—	5—	15—	45—	65—
ALL CAUSES....	M F	804 765	85 <del>86</del>	18 11	19 15	59 100	225 168	398 410	899 831	61 50	13 10	23 16	93 86	188 179	521 490							
1. Typhoid and paratyphoid Fevers ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...							
2. Cerebro-spinal Fever ...	M F	2 1	...	2	...	...	...	...	6 1	2	...	3	1 1	...	...							
3. Scarlet Fever ...	M F	1 1	...	...	...	1	...	...	...	...	...	...	...	...	...							
4. Whooping Cough ...	M F	1 1	1 1	...	...	...	...	...	...	...	...	...	...	...	...							
5. Diphtheria ...	M F	7 4	...	2 1	5 2	...	...	...	7 9	1	1 2	4 4	1 2	...	...							
6. Tuberculosis of resp. system	M F	31 30	...	...	...	9 24	20 2	2 2	33 31	...	...	...	17 23	12 5	4 2							
7. Other forms of tuberculosis	M F	8 15	...	3 5	1 2	2 8	1 ...	1 ...	9 8	...	...	2 1	4 4	2 1	1* ...							
8. Syphilitic diseases ...	M F	2 2	...	...	...	...	2	...	3 1	...	...	...	...	2 1	1 ...							
9. Influenza ...	M F	9 7	...	1	...	...	6 3	2 3	6 5	...	...	...	...	1 4	3 ...							
10. Measles ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...							
11. Ac. polio-myel. and polio-encephalitis ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...							
12. Ac. inf. encephalitis ...	M F	1	...	...	...	1	...	...	...	...	...	...	...	...	...							
13. Cancer of buc. cav. & œsoph. (M) uterus (F) ...	M F	11 11	...	...	...	...	2 5	9 3	11 15	...	...	...	...	...	...							
14. Cancer of stomach and duodenum ...	M F	26 31	...	...	...	...	13 11	13 18	18 24	...	...	...	...	5 9	13 15							
15. Cancer of breast ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...							
16. Cancer of all other sites ...	M F	69 60	...	...	...	8 6	27 16	34 36	97 69	1	...	...	...	31 26	60 36							
17. Diabetes ...	M F	6 8	...	...	...	...	1 4	4 3	2 12	...	...	...	...	...	1 4							
18. Intra-cranial vascular lesions ...	M F	83 79	...	...	...	...	14 11	66 66	84 100	...	...	...	...	19 19	64 79							
19. Heart disease ...	M F	171 180	...	...	...	...	53 44	113 122	235 232	...	...	...	...	45 49	177 175							
20. Other dis. of circ. system ...	M F	19 26	...	...	...	...	3 4	14 22	25 19	...	...	...	...	5 5	19* 13							
21. Bronchitis ...	M F	53 37	5 1	1	...	...	17 8	29 27	32 34	1	...	...	...	6 3	22 31							
22. Pneumonia ...	M F	43 28	14 11	3 3	2 1	2 3	12 5	10 5	43 29	7 11	1 2	...	6 1	10 3	18 12							
23. Other resp. diseases ...	M F	9 7	1	...	...	...	3 5	5	9 8	...	...	...	...	4 2	3 4							
24. Ulcer of stomach or duodenum ...	M F	14 7	...	...	...	...	11 3	...	14 4	...	...	...	...	...	...							
25. Diarrhoea under 2 years ...	M F	6 3	6 3	...	...	...	...	...	8 3	7 3	1	...	...	...	...							
26. Appendicitis ...	M F	4 4	...	...	...	...	1 3	...	4 2	...	1	...	...	...	1 1							
27. Other digestive diseases ...	M F	22 20	2	1	...	...	7 9	10 9	31 12	...	3	...	2	4 4	19 8							
28. Nephritis ...	M F	17 21	...	...	...	...	3 8	9 10	37 26	...	...	...	...	7 3	24 18							
29. Puer. & post-abort. sepsis....	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...							
30. Other maternal causes ...	M F	...	...	...	...	...	...	...	...	...	...	...	...	...	...							
31. Premature birth ...	M F	35 19	35 19	...	...	...	...	...	15 10	...	...	...	...	...	...							
32. Con. mal. birth inj. infant. diseases ...	M F	18 22	16 22	...	...	...	...	...	23 17	20 15	...	...	...	...	...							
33. Suicide ...	M F	9 8	...	...	...	...	...	...	8	...	...	...	...	...	...							
34. Road traffic accidents ...	M F	10 5	...	...	...	...	...	...	...	...	...	...	...	...	...							
35. Other violent causes ...	M F	26 11	1	...	...	...	...	...	...	...	...	...	...	...	...							
36. All other causes ...	M F	91 91	4 4	1 1	4 7	13 15	68 64	91 108	3 6	...	...	...	...	...	...							



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